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Office Use Only

J. FASON
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COVER LETTER

TO:	New Filing Solution of C			
SUBJ	ECT:	Rigina	Hor Inc	Company)
		(Name of Res	ulting Florida Limited	Company)
The er Busin	nclosed Article ess Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization ability Company" i	and fees are submitted to convert an "Other n accordance with s. 605.1045, F.S.
Please	return all corr	espondence concerning	g this matter to:	
	Ryan	(Contact Person)		
	Rigina	for Inc "LL (Firm/Company)	<u>.c"</u>	
	14421	NW 2 Ave (Address)		
	Miami	Florida 3	3168_	
E-n	Tiginator	hotmail.	port notifications)	
For fu	rther informati	on concerning this ma	tter, please call:	
	Ryan J (Name of Contr	0 Seph let Person)	_at (<u>786</u>) (Area Code)	372-3613 (Daytime Telephone Number)
Enclo	sed is a check t s and drawn on	or the following amou a bank located in the	int: (All checks pro- United States)	cessed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion i for Articles inization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	es
	Mailing Add			reet Address:
New Filing Section				ew Filing Section ivision of Corporations
	Division of C P.O. Box 632	•		ne Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2021

RYAN JOSEPH 14421 NW 2 AVE MIAMI, FL 33168

SUBJECT: RIGINATOR

Ref. Number: W21000040270

We have received your document for RIGINATOR and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 521A00006346

2021 JUN - 1 PM 3: 00

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on MARCH 27, 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RIGINATOR LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Floriday 25, 202 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
2021
2021 JULY

Signed this 25 day of February	20_2/
Signature of Authorized Representative of Lim	ited Liability Company:
Mon	//
Signature of Authorized Representative:	treserve
Signature of Authorized Representative: Music Printed Name: Kydy J1)Sept1	Title:
Signature(s) on behalf of Other Business Entity:	
	•
Signature: As a Mide M:	4
Signature: Aya Side M. Printed Name: Kips brigg	Title: Mesielut
17 7	
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	little:
Signature	
Signature:Printed Name:	Title
i ilited ivanic.	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
The state of the state have not been beseeted, and his	vo.porator mast sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All othores	
All others: Signature of an authorized person.	
Signature of all authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RIGINATOR LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14421 NW 2nd Acce Miami, Florida 33/68	Riginator 1471 DW End Aux Mam Florida 33168
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Ryan Joseph Ryan Name	Jes sph
14421 NW 2nd Florida street address (P.O.	Box NOT acceptable)
4 .	FL 33/69 Zip
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Alfrystoresen	nture (REQUIRED)
Registered Agent's Signa	nuic (NEQUINED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: //gen loseph		
_ <i>VP</i>	Misali F1 33168 Ryan Joseph 14421 NW Zave Man; FL 33168		
(Use attachment if necessary)		2021 JUH	- ;
ARTICLE V: Other provisions, if any.	her provisions, if any.		
REQUIRED SIGNATURE:		<u>.</u> ω	
Signature of a member or	an authorized representative of a memb	er	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 55, Jr. S.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)